

Since the health insurance debate has begun, I have been fielding questions from Republicans, Democrats and Independents with a variety of questions and concerns about different provisions in the various proposals before Congress, and I would like to share my thoughts with you on some of the ones I've heard most often.

In general, do you favor the Obama health-care proposal and are you going to vote for it?

I agree with Sen. John McCain when he says that we cannot afford to do nothing. More and more families are losing access to the care they need, and our economy is suffering as businesses try to cope with escalating costs. Individuals with pre-existing illnesses or chronic disease are often denied coverage.

Insurance premiums are rising, due in part to the costs associated with millions of Americans who lack coverage. The average American family is paying an extra \$1,100 in premiums a year to pay for the shifted cost. While I support reforming of our health care system, current proposals in Congress are still not complete.

I am currently satisfied with my health insurance coverage. What would health insurance reform mean for me?

First of all, I believe that reform should provide more choice, not less. I would not support a plan that would make you change your insurance.

I strongly believe that reform should protect what works and fix what does not. Both Democrats and Republicans agree that it is critical to protect people from losing their coverage. Currently, if you lose or change jobs, it's difficult to keep your insurance, or obtain new coverage because insurers can currently deny coverage based on pre-existing conditions. In other words, if you have had knee surgery, or have been treated for common ailments like asthma, or even acne, insurance companies can currently refuse to cover you. This is unfair, and I agree that we need to put an end to this practice. I also believe reform should eliminate the hidden \$1,100 a year hidden tax those of us with insurance pay in higher premiums to help pay to cover the treatment of the uninsured.

Another concept that has drawn bipartisan support is the establishment of a health-insurance exchange where individuals and small businesses would combine or "pool" their purchasing power to negotiate better rates with insurance carriers, and enable individuals and small businesses to comparison-shop for coverage and rates that best meet their needs. By spreading the risk pool across a wider scale, insurers would be forced to compete and reduce costs to gain business. I believe this makes sense. It's similar to the type of system used for members of Congress and federal employees, and if it has worked and can be expanded, others should be allowed access.

These are all principles that I will look for in evaluating health insurance reform legislation.

Will you support health insurance reform legislation that will lead to a government takeover of the health care system?

I oppose a government takeover of the health care system, also known as a single-payer system. I would vote against any proposal that would result in a government takeover.

What is a public option?

Before now, insurance companies have faced little incentive to compete with one another. This means that they do not always give you the best coverage for your money. In order to spur competition, some of the health insurance reform proposals before Congress include an alternative health insurance option to compete with private insurance companies. In one of the House proposals, this is called the public option. This would be one alternative health insurance option that would compete with other private health insurance companies for your business.

Do you support a public option?

In order to for any independent insurance option to be effective, I strongly believe it must operate on a level playing field with other private options-in other words, it cannot have any competitive advantage that could lead to unfair competition.

For this reason, I am concerned about the public option as drafted in one of the House proposals. This option's reimbursement rates for hospitals and providers would be based on the reimbursement rates for Medicare. This is troubling for two reasons. First, I am concerned that basing reimbursement rates on Medicare represents an unfair competitive advantage and could ultimately limit patient choice by shifting everyone into the public option. Secondly, I am also concerned that basing reimbursement rates on Medicare rates could weaken the financial stability of local hospitals and doctors. Medicare tends to under-reimburse hospitals, meaning that hospitals get back only 70 to 80 cents for each dollar they spend on Medicare patients. For example, Scottsdale Healthcare has estimated that they lost \$58 million in Medicare underpayments in 2008. This would be a serious loss for hospitals.

I hope that this will continue to be improved as the House continues to work on a health insurance reform bill.

I am concerned that health insurance reform may lead to rationing of care. Would you support a bill that would lead to the rationing of care?

I will not vote for legislation that would lead to rationing of care. I strongly believe health care decisions should be made between a doctor and patient. *No one* should interfere in the relationship between a doctor and patient-not the government and certainly not insurance companies, which currently determine what procedures and treatments patients can have, regardless of a doctor's recommendation.

How much will health insurance reform cost and how are we going to pay for it?

While there currently is no final bill and the cost remains uncertain, I strongly believe that health insurance reform should be deficit neutral-this means that it should not increase the national debt.

I believe that we should start by finding savings in our current system. This is critical to control unsustainable health care costs in the long run. There are many ways in which our current system can be improved, including reducing preventable hospital readmissions, encouraging doctors and hospitals to work together to manage and coordinate care, and ensuring doctors and nurses have the most accurate and up to date research when making treatment decisions. This also means eliminating waste, fraud, and abuse in the health care system.

While these savings will be substantial, there may need to be other revenue raising measures to ensure that reform is deficit neutral. These discussions are still going on in Washington.

How will health care reform get 40 percent of its funding from Medicare without diminishing the quality and availability of services to seniors?

Both my wife and I are over 65 and covered by Medicare. We do not participate in the health insurance plan offered to members of Congress or federal employees. I strongly support strengthening Medicare and could not support a plan that would reduce services or diminish quality. I agree with the proposals in Washington that increase the reimbursement rates for physicians so that seniors have greater access to the doctors they choose. I also believe that the federal government should be able to negotiate with the pharmaceutical companies for lower drug prices, allowing us to close the Medicare Part D 'donut hole.'

It is also important to ensure that our tax dollars are not being wasted. Medicare has an alarming amount of fraud and abuse and we cannot allow these practices, such as paying for procedures that have not been performed, to continue.

Many seniors are on Medicare and have supplemental insurance. How would the proposed health insurance reform affect them?

Currently, our doctors and community hospitals are losing money when treating patients on Medicare and, in fact, some are not accepting new Medicare patients because of this. I want to make sure that any reform doesn't end up putting any additional strain on Medicare or weakening community hospitals or potentially leaving people with fewer options.

To give you an example, Scottsdale Healthcare lost \$58 million last year because Medicare doesn't reimburse them for what it actually costs to provide care. I cannot support changes to our health insurance system that will worsen the situation.

It is important to remember that there is still not a final version of a bill in Congress with several proposals still working their way through the process. We are still awaiting many details and will not know for certain what is included in the legislation until it is complete.

Why won't Congress pass tort reform?

I am troubled by the stories of doctors practicing defensive medicine by ordering unnecessary tests, which only adds to everyone's costs. At the same time, I also want to ensure that we continue to vigorously protect patient rights.

While the current bills in Congress deal with health insurance, I certainly believe tort reform should be addressed and was glad to see that President Obama has now put it on the table. While a more vigorous debate on tort reform may still be needed, enacting a plan President Bush had considered by creating demonstration projects in individual states is a good step in the right direction.

Do you support providing health insurance for illegal immigrants?

I do not support providing health insurance for illegal immigrants. None of the proposals before Congress would provide health insurance for illegal immigrants, and I will not support any proposal that would provide health insurance for illegal immigrants.

Will federal funding be used to perform abortions under health insurance reform?

While there is no final bill, none of the proposals that I have seen would change current federal law which prohibits federal funding from being used to perform abortions.

Where will we get the additional doctors needed to cover the millions people who do not currently have insurance?

Although millions of Americans don't have health insurance it doesn't mean they aren't getting sick and ultimately getting treated right now. Those without insurance are often forced to wait, however, until potentially preventable conditions reach a crisis point. They then receive care at the most expensive point in our health care system. The costs associated with this type of care end up hurting families - even those with insurance. When the uninsured end up in emergency rooms, hospitals are forced to charge more to those of us who have insurance to help pay for it. On average, those of us with insurance pay \$1,100 a year in higher insurance premiums to help pay for the uninsured.

Access to primary care physicians before their condition reaches a crisis point not only cuts down on costs, but it keeps patients healthier. I believe that we need to expand family practice medicine and do more to encourage people to become primary care physicians. I support expanding family practice residency programs, increasing the Medicare reimbursement rates, and expanding loan forgiveness for those that choose to go into family practice.

What would health insurance reform do to help small businesses?

While there is currently no final bill, I believe it is critical to provide meaningful assistance for small businesses. Small businesses play a critical role in growing the economy and creating new jobs-in fact, 73% of Arizona businesses are small businesses. However, health care costs have increased 129% for small businesses since 2000. This increase has hit Arizona hard. Only 32% of Arizona small businesses provided health insurance benefits in 2006, down from

50% in 2000.

One of the reasons that costs have risen is that the current system rewards large corporations with hundreds or even thousands of employees. This leaves small businesses at a disadvantage. Most small businesses have less than 20 employees, which do not give them much bargaining power. The risk pool is spread over so few people that insurance companies won't give them competitive rates.

A concept that has drawn support from both Democrats and Republicans is the establishment of a health-insurance exchange, in which individuals and small businesses can combine or "pool" their purchasing power to negotiate better rates with insurance carriers, and comparison-shop for competitive rates that best meet their needs.

This is a really powerful idea. For the first time private insurance companies would compete against each other in a way they've never done before. The risk pool would be spread across a wider scale, which would require insurers to compete and lower costs to gain business. I believe this makes sense. It's similar to the type of system used for members of Congress and federal employees, and if it has worked and can be expanded, others should be allowed access.

After reading HR3200, there is no wonder that members of Congress do not want to participate in the new system, rather electing to retain your present health insurance plan. If this plan is good enough for America, why is it not good enough for Congress?

Both my wife and I are over 65 and covered by Medicare. We do not participate in the health insurance plan offered to members of Congress or federal employees. That being said, as a matter of principle, I do not believe members of Congress should have any better or worse health insurance than anyone else. We should be working to make the kind of coverage that members of Congress and federal employees receive available to more Americans.

Currently, federal employees, including members of Congress, participate in an insurance exchange through which they receive the choice of several private health plans, with literally hundreds of options. If this has worked and can be expanded, others should be allowed access.